

GENERAL FACT SHEET

BILL NUMBER

BRIEF TITLE	APPROVAL DEADLINE	REASON

DETAILS	POSITIONS/RECOMMENDATIONS	
	Sponsor	
	Program Departments, or Groups Affected	Health Department
	Applicants/ Proponents	Applicant City Department Other
Discussion (Including Relationship to other Council Actions)	Opponents	Groups or Individuals Basis of Opposition
	Staff Recommendations	" For " Against Reason Against
	Board or Commission Recommendation	BY " For " Against " No Action Taken " For with revisions or conditions (See Details column for conditions)
	CITY COUNCIL ACTIONS (For Council Use Only)	" Pass " Pass (As Amended) " Council Sub. " Without Recommendation " Hold " Do not Pass

DETAILS

POLICY/PROGRAM IMPACT

	POLICY OR PROGRAM CHANGE	" NO " YES	
	OPERATIONAL IMPACT ASSESSMENT		
FINANCES			
COST AND REVENUE PROJECTIONS	COST of total project:		\$
	COST of this Ordinance/ Resolution		\$
	RELATED annual operating Costs		\$
	INCREASE REVENUE EXPECTED/YEAR		\$
SOURCE OF FUNDS	CITY [Approximately]		
		\$	%
		\$	%
		\$	%
	NON CITY [Approximately]		
		\$	%
	\$	%	
	\$	%	
BENEFIT COST			
" Front Foot		Average Assessment	
" Square Foot		\$	\$

APPLICABLE DATES:

FACT SHEET PREPARED BY:

REVIEW BY:

REFERENCE NUMBER